FEE TRANSMITTAL

Electronic Version v08
Stylesheet Version v08.0

Title of Invention	VEHICLE AND METHOD FOR CONTROLLING REGENERATIVE BRAKING

Application Number:

Date:

First Named Applicant: Dale Crombez

Attorney Docket Number: 81044472 / FMC 1643 PUS

TOTAL FEE AUTHORIZED $850

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

BASIC FILING FEE

Fee Description	Fee Code	Amount $	Fee Paid $
Utility Filing Fee	1001	770	770
		Subtotal For Basic Filing Fee: $770	

EXTRA CLAIM FEES

Fee Description	Extra Claims	Fee Code	Amount $	Fee Paid $
Total Claims: 20	0	1202	18	0
Independent Claims: 3	0	1201	86	0
			Subtotal For Extra Claims Fees: $ 0	

ASSIGNMENT FEES

Fee Description	Property Number	Quantity	Fee Code	Amount $	Fee Paid $
Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40

Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40
			Subtotal For Additional Fees: $80		

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 061510

Deposit name: Ford Global Technologies, LLC

Deposit authorized name: Frank A. Angileri

Signature: /s/Frank A. Angileri

Date (YYYYMMDD): 2004-03-09

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 56812

Application ID: 10708516

Title of Invention: VEHICLE AND METHOD FOR CONTROLLING REGENERATIVE BRAKING

First Named Inventor: Dale Crombez

Domestic/Foreign Application: Domestic Application

Filing Date: 2004-03-09

Effective Receipt Date: 2004-03-09

Submission Type: Utility Patent Filing

Filing Type: new-utility

Confirmation number: 2515

Attorney Docket Number: 81044472 / FMC 1643 PUS

Total Fees Authorized: 850.0

Payment Category: Deposit Account

Deposit Account Number: 61510

Deposit Account Name: Frank A. Angileri

RAM Payment Status: RAM has not been processed

Digital Certificate Holder: cn=Frank A. Angileri,ou=Registered Attorneys,ou=Patent and Trademark Office,ou=Department of Commerce,o=U.S. Government,c=US
Certificate Message Digest: c79daabf87fd28e2fb4cfe01db5cdd64ebc60deb

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number: 10 7 08 5 16

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20=	* 0
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE	OR	RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	770.

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
   The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.